



STATE OF MARYLAND

DHMH

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April 26, 2007

Public Health & Emergency Preparedness Bulletin: # 2007:16
Reporting for the week ending 04/21/07 (MMWR Week #16)

Current Threat Levels:

National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

REVIEW OF DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	Aseptic*	Meningococcal*	*(non-suspect cases)
New cases:	* Data not yet released from Division of Communicable Disease Surveillance		
Prior week:	* Data not yet released from Division of Communicable Disease Surveillance		
Week#16, 2006:	1	-	

7 outbreaks were reported to DHMH during MMWR Week 16 (April 15-April 21, 2007):

4 Gastroenteritis outbreaks

- 1 outbreak of GASTROENTERITIS associated with a Nursing Home
- 2 outbreaks of GASTROENTERITIS associated with Assisted Living Facilities
- 1 outbreak of GASTROENTERITIS associated with a Hospital

1 Foodborne Gastroenteritis outbreak

- 1 outbreak of FOODBORNE GASTROENTERITIS associated with an Office

1 Respiratory illness outbreak

- 1 outbreak of INFLUENZA-LIKE ILLNESS associated with a Nursing Home

1 Rash illness outbreak

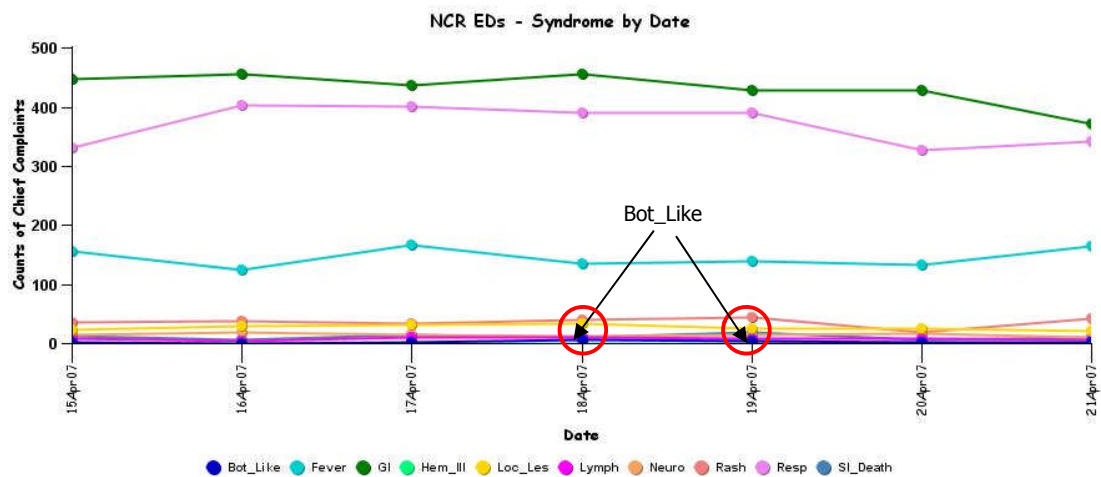
- 1 outbreak of CHICKENPOX associated with a School

SYNDROMIC SURVEILLANCE REPORTS:

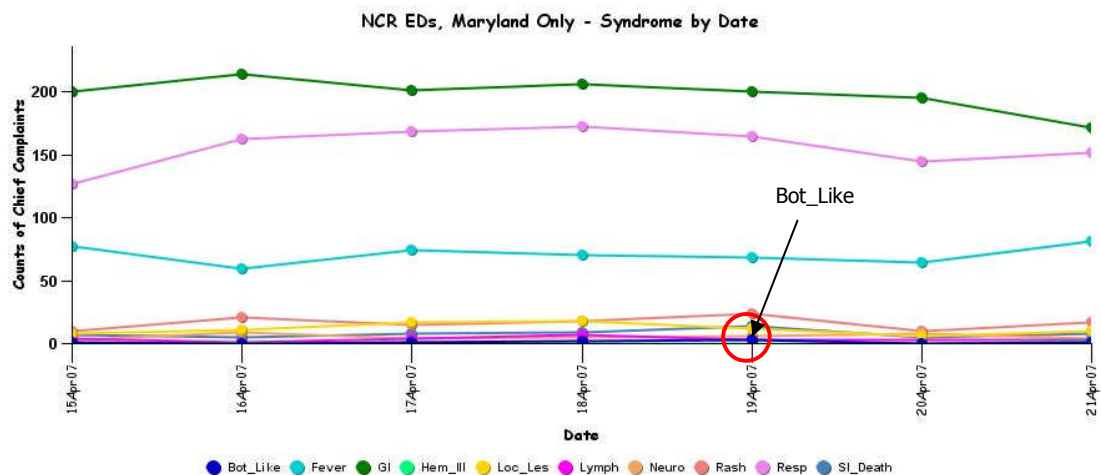
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only.

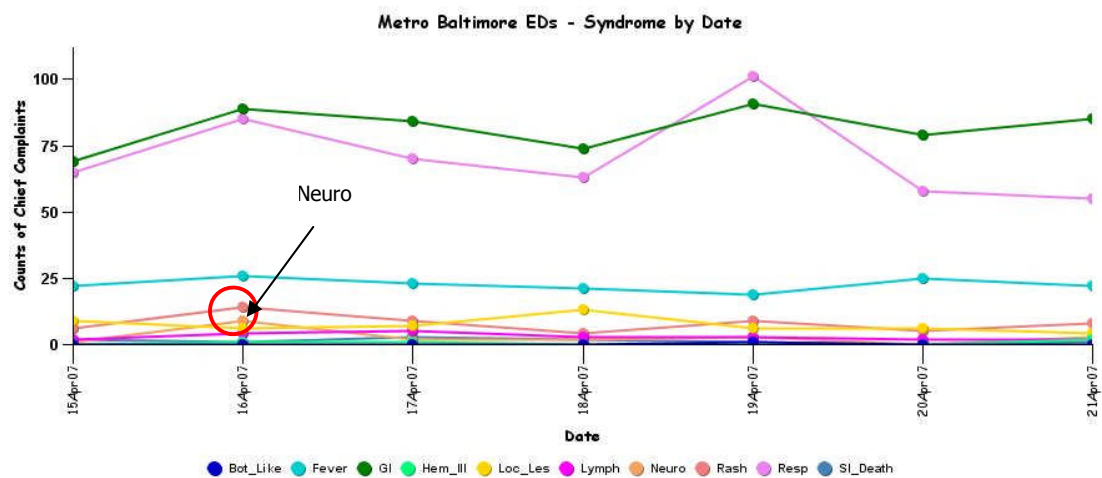
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness. * Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system

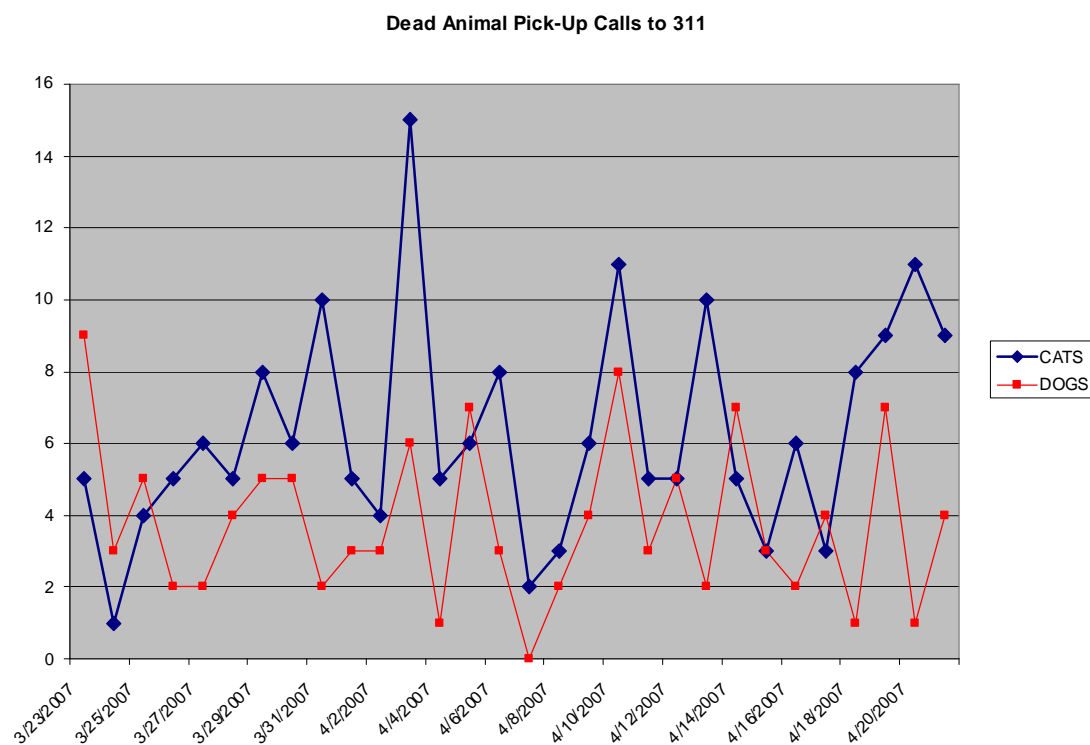


* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

Baltimore City Syndromic Surveillance Project: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

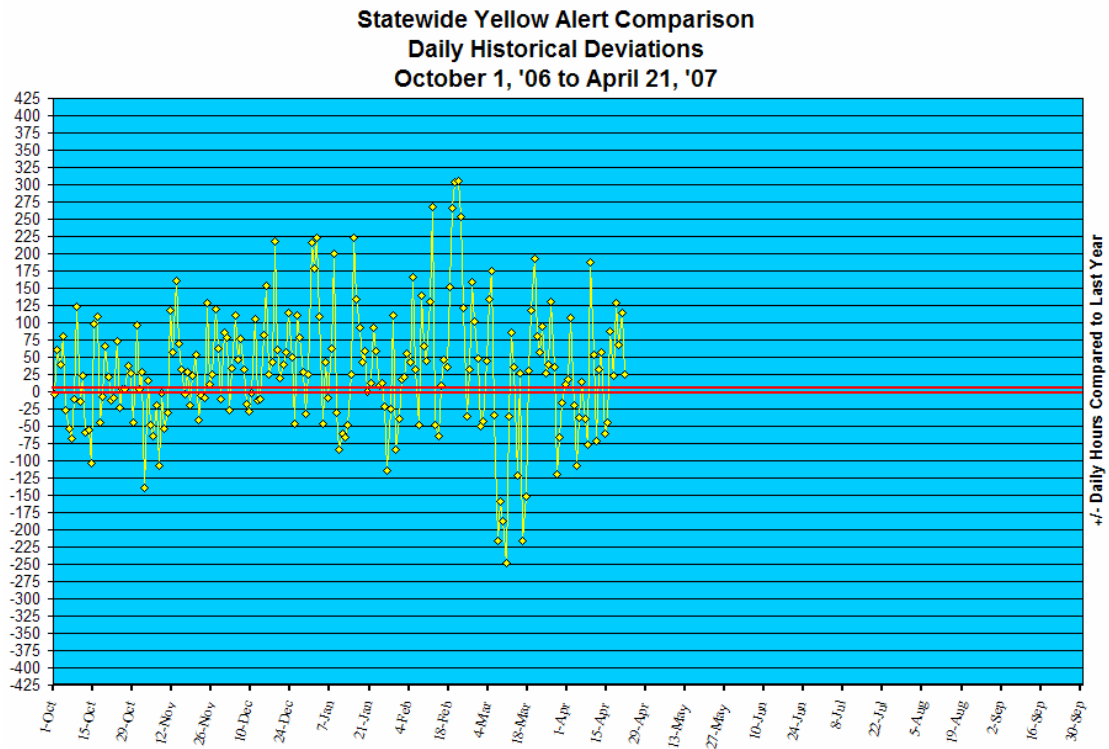


REVIEW OF MORTALITY REPORTS:

OCME: OCME reports no suspicious deaths related to BT for the week

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.

**NATIONAL DISEASE REPORTS:**

INFANT BOTULISM, POSSIBLE BABY FOOD LINK (California): 20 Apr 2007, A Mendocino County child is recovering and doing well after being diagnosed with infant botulism earlier in April 2007, the Public Health Department reported Tue 17 Apr 2007. According to a press release, the child's mother reported that, in addition to being breastfed, the infant was fed Earth's Best Organic baby food. While there is no confirmed link between this case and the baby food, the FDA (U.S. Food and Drug Administration) has initiated an ongoing recall for the following jars of Earth's Best baby food because of the risk of contamination with *Clostridium botulinum*, the bacterium that can cause botulism. The affected baby food is: Earth's Best Organic 2 Apple Peach Barley Wholesome Breakfast, 4.5 ounce jars, expiration date 17 Sep 2008, Earth's Best 2 Wholesome Breakfast Variety Pack, 12 pack, expiration date 13 Sep 2008, Earth's Best Organic 2 Apple Peach Barley, 4.5 ounce jars within 12 pack, expiration date 14 Sep 2008. According to Marvin Trotter, MD, of the Public Health Department, "The most frequent cause of botulism in infants is from honey and soil; in fact, infant botulism is rare." Production and distribution of the baby food has been suspended and the company has initiated a recall of the food. In this case, there is a possible link to the recalled baby food mentioned but cases of infant botulism have occurred in totally breast-fed babies. This report does not specifically state that the baby food was part of the February 2007 recall. (Botulism is listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

INTERNATIONAL DISEASE REPORTS:

SALMONELLOSIS, FATAL, NURSING HOME (Australia): 17 Apr 2007, At least 3 residents struck down with gastroenteritis at a Melbourne nursing home were infected with salmonellosis, despite denials of a food poisoning outbreak. Tests confirmed traces of the potentially lethal bug in 2 elderly residents at Broughton Hall nursing home and hostel as the death toll rose to 5. The Camberwell nursing home yesterday, 16 Apr 2007, claimed the illness, which affected 21 residents, was not food poisoning, citing only 1 confirmed case of salmonella in a patient detected on Fri 13

Apr 2007. But tests of fecal samples by the Department of Human Service (DHS) today, 17 Apr 2007, confirmed another 2 cases of salmonellosis, which is usually a food-borne bacterial infection. A total of 5 residents have died since the outbreak began in early Apr 2007 and 3 remain in hospital. DHS spokesman Bram Alexander confirmed the salmonella cases but said the bacteria had not been identified in tests of food samples taken from the home's kitchen. "Salmonella bacteria have been identified in an additional 2 samples taken from residents who fell ill at Broughton Hall," he told AAP. "But tests are still under way on a 2nd batch of food and obviously our investigation into the source of the salmonella is continuing." Mr. Alexander could not say if food poisoning was the likely cause of the salmonella outbreak. But Melbourne University Professor of Microbiology Richard Strugnell said it was highly unlikely to have been spread from human contact. "Salmonella gastroenteritis is, not exclusively, but in the very high proportion of cases, the result of eating contaminated food," he said. "If there are 2, 3 or 4 people that were in the same institution and they all came down with the infection over a short period my first reaction would be: Well have they eaten the same food?" The kitchen at Broughton Hall remains closed while the source of the outbreak is investigated. (Food safety threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

CHOLERA (Angola): 20 Apr 2007, The municipal director of public health, Fernando Puna reported to ANGOP (Angola Press) that 58 cases of cholera were registered in Buco Zau district, northern Cabinda province, since early April 2007. According to a source, 12 of these patients are still under medical care in the municipal hospital, 2 of whom are in serious condition. In Puna's opinion, the poor quality of water and the deficient basic drainage associated to the rains that have been falling in the past days, are some of the main causes of the reappearance of cholera in that northern part of Cabinda. (Water safety threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

CHOLERA (Namibia): 20 Apr 2007, There is a diarrhea outbreak in the Ohangwena Region, which has claimed 4 lives. Health authorities have detected 33 diarrhea cases and 2 cholera cases have also been reported. The disease outbreaks are suspected to have been spread through handwashing rites at funerals where all mourners are required to wash their hands in a single dish containing herbs after the burial. According to the Permanent Secretary in the Ministry of Health and Social Services, Dr Kalumbi Shangula, on 3 Apr 2007, a villager of Onaame near Okatope Clinic in the Engela District died of a chronic illness. Two days later, the widower of the deceased and 14 other mourners contracted diarrhea. It is suspected that mourners who came from Xangongo and Ondjiva in Cunene Province of Angola could have spread the disease. The 14 people have recovered after receiving treatment in Okatope clinic. An additional 19 mourners received treatment at Engela Hospital; 8 of them were discharged while 11 were admitted. Of those admitted, 4 have died and the others are reported to be in satisfactory condition. Shangula stressed, "Special attention is given to the practice where all mourners have to wash their hands in one bowl after burial. This can facilitate transmission. The community is urged to use alternative ways of cleansing." He appealed to the public especially those in areas where the disease has been reported to ensure that people do not wash their hands in the same water. Regarding cholera cases, the Permanent Secretary reported that, "Vibrio cholera, the causative agent was isolated in 2 patients. In some specimens, salmonella was isolated." (Water safety threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

SALMONELLOSIS, HOSPITAL (Scotland): 20 Apr 2007, Health officials have been continuing their investigation into an outbreak of salmonellosis at a hospital after a further 3 cases were identified. NHS (National Health Service) Fife said 9 people at Queen Margaret Hospital in Dunfermline have been infected with the bug. A probe was launched in March 2007, after 6 cases were detected. A further 3 have now been confirmed. The source of the bug has not yet been found. The majority of those who have contracted the bacteria are patients but a small number of staff have also been affected. Health chiefs have written to GPs (general practitioners) advising them to look out for anyone who develops symptoms after being treated at the hospital. (Food safety threats are listed in Category B on the CDC list of Critical Biological Agents)* Non-suspect case

BOTULISM, CANNED MUSHROOMS (Russia): 20 April 2007, A cluster of botulism cases has been reported in the Dubovsky district of the Rostov region. The Territorial management of Rospotrebnadzor (Federal Service for Surveillance of Consumer Rights and Human Welfare) in the Rostov region reported that on Mon 16 Apr 2007, 6 local residents were hospitalized in the Central Regional Hospital of the Dubovsky district with symptoms of botulism. It was established that all patients had consumed home-canned mushrooms that had been picked in a forest belt near the village. According to data from Rospotrebnadzor, since the beginning of 2007, 8 persons have been hospitalized with botulism in hospitals in the Rostov region, where annually 25-30 persons contract the disease. During 2005-2006, 10 inhabitants of the Rostov region died from botulism. As yet, no deaths have been registered in 2007. Rospotrebnadzor stressed that the vehicles for transmission of the disease, as a rule, are canned mushrooms and vegetables and smoked fish prepared in domestic conditions. (Botulism is listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

AVIAN INFLUENZA-RELATED REPORTS

WHO update: The WHO-confirmed global total of human cases of H5N1 avian influenza virus infection as of 11 April 2007 stands at 291, of which 172 have been fatal.

AVIAN INFLUENZA, HUMAN, FDA-APPROVED VACCINE: 18 Apr 2007, The U.S. Food and Drug Administration yesterday (Tue 17 Apr 2007) approved a human vaccine against the H5N1 influenza virus, marking the first such approval in the U.S. In a press release the agency said that, should H5N1 develop the ability to spread readily from person to

person: "The vaccine may provide early limited protection in the months before a vaccine tailored to the pandemic strain of the virus could be developed and produced." The vaccine will be kept in a federal stockpile and available only through public health officials; it is approved for those 18 to 64 who are at increased risk for H5N1 exposure.

*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

Questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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